LITTLE RIVER BAND OF OTTAWA INDIANS HIGHER EDUCATION COMPUTER GRANT

Eligibility Requirements

- A. Must be an enrolled member of the Little River Band of Ottawa Indians
- B. Must be at least 18 years of age (except in case of high school graduates aged 17 or younger.)
- C. Must be enrolled in an accredited college or university working toward a certificate or degree.
- D. Must be taking a minimum of 6 credits per semester
- E. Must submit a copy of current semester class schedule indicating the number of credits taken during that semester.
- F. Must submit a copy of your semester schedule at the beginning of each semester.
- G. Must have a signed, dated Higher Education Computer request form on file in the Tribal Education Office, including the proof of degree seeking status, signed by college official.

Restrictions

- A. Must **not** have received a computer as a junior or senior in high school.
- B. Must **not** have received a computer from this program in the past.

Priorities

- Computers will be available to students on a one-time basis only.
- Computers will be given first-come first-served to those students who meet the eligibility requirements.
- In the event there are fewer computers available than the number of eligible students who apply, those who have applied and not received a computer will be placed at the top of the list of those to receive a computer in the next budget year.

Until a student completes 50% of the credits required for his or her intended degree, the laptop remains the property of Little River Band of Ottawa Indians. In the event a student withdraws from college before completing 50% of the degree requirements, the laptop must be returned to the Little River Band of Ottawa Indians Education Office. Students who withdraw will be ineligible for any future Tribal education benefits until the computer is returned. After the period of the manufacturers warranty repairs, upgrades, etc., are the responsibility of the student.

HIGHER EDUCATION COMPUTER GRANT REQUEST NAME: **ADDRESS:** Zip Code City State Street TELEPHONE: () ENROLLMENT #: **COLLEGE/UNIVERSITY:** SEMESTER: _____ SEMESTER CREDITS: _____ DEGREE OR CERTIFICATE: PLEASE ATTACH A COPY OF YOUR CURRENT SEMESTER SCHEDULE INDICATING THE NUMBER OF CREDITS YOU WILL BE TAKING. SIGNATURE: DATE:

This form must be completed by the student and signed by an academic advisor	
Student Name:	
Student Number or Social Security Number:_	
College or University:	
Degree:	
Expected Date of Graduation:	
Program Requirements: (List all program requirements for the degree which you are pur requirements you have already completed.)	
Advisor Signature:	Date:
Student Signature:	Date: